

TexTALK MD Enterprise

- Founded in 1995
- Headquarters in Houston, Texas
- Local Office in Bethesda, Maryland
- On-site and Off-site Training & Support

Find Out for Yourself Why Doctors that use TexTALK MD
call it:

“Fast, Simple & Cost Effective”

See TexTALK in action at
www.youtube.com/TextALKMD

TexTALK MD Enterprise

- Start Charting Electronically on the First Day of Training
- Affordable Certified EHR to achieve Meaningful Use
- Meaningful Use Specialists on staff to make sure you are on track for Meaningful Use Incentive Payments
- Easy to Use, Quick Return on Investment
- Full Practice Management Software Solution Available
- Interface to Many Existing Practice Management Systems Available
- Experienced On-site and Off-site Training & Support Team

“Ingeniously Simple EHR”

See TexTALK in action www.youtube.com/TextTALKMD

TexTALK MD Enterprise

- Affordable US Patented Voice Command Technology – Dictate/document entire visits in 1 minute, see YouTube link below for details
- Most efficient, cost effective charting solution on the market
- Local training and support by expert medical software specialists
- Harness the power of our staff's 15 plus years of experience in EHR and Practice Management software solutions

Find Out for Yourself Why Doctors that use TexTALK MD call it:

“Dragon on Steroids”

See TexTALK in action at

www.youtube.com/TextALKMD

TexTALK MD Enterprise

- Fully customized templates for more than 20 specialty fields, templates can be practice wide and/or doctor specific
- Most efficient charting solution on the market – You can pay more but you won't get more --
- Built in E-Rx, insurance verification, full scanning capabilities, and full Meaningful Use module with Meaningful Use Tracker
- Integrated Practice Management solution with full scheduling, ERA Post back, real-time eligibility, direct connect to RealMed, & more
- Harness the power of our staff's 15 plus years of experience in EHR and Practice Management software solutions

“Practice Management Made Easy”

See TexTALK in action at
www.youtube.com/TextTALKMD

Affordable CMS Certified EHR Technology

Drummond Group's ONC-ATCB **CERTIFICATE OF COMPLIANCE**

THIS CERTIFIES

TexTALK MD, version 11

Alma Information Systems, Inc.

COMPLETED EHR CERTIFICATION OF THE FOLLOWING:

Complete EHR Ambulatory

Clinical Quality Measures tested: NQF0013, NQF0024, NQF0028, NQF0038, NQF0041,
NQF0059, NQF0061, NQF0064, NQF0421

Additional software used: Email

Drummond
> > > group

06/09/2011
2011/ 2012

This Complete EHR certification is 2011/2012 compliant and has been certified by Drummond Group Inc., an ONC-ATCB, authorized to conduct complete and modular EHR testing and certification in accordance with the applicable certification criteria adopted by the Secretary of Health and Human Services. This certification does not represent an endorsement by the U.S. Department of Health and Human Services or guarantee the receipt of incentive payments.



06092011-3070-1

Main Dictation Window

The screenshot shows the TextTALK Speech Client interface. A red arrow points to the top toolbar with the text "Use Voice Commands to Document Visits -- Minimal Clicking Required --". Another red arrow points to a list of templates on the left with the text "Fully Customized Templates for Every Practice and/or Every Doctor". A third red arrow points to a table of previous notes at the bottom with the text "Previous Notes for the Patient". A green cloud shape contains the text "Main Dictation Window".

Patients

☐ Account ☒ Name

Tommy, shTom (1231)

- Heel Pain Follow
- Heel Pain Follow Up
- heel pain x-ray
- heel sput left test
- Hypermobility
- incision and drainage
- Ingrown
- ingrown follow-up
- Insole
- Lamisil
- Laser
- Letter
- Limb Length Left
- Limb Length Right
- Limitus
- Lotion
- Manipulation Both

Fast Find

Greenbelt

	FormName	DateCreated	Status	DOS
1	Greenbelt	1/19/2012 12:2	Draft	1/19/2012
2	at risk	1/9/2012 12:2	Draft	1/9/2012 1
3	Greenbelt	1/9/2012 12:1	Draft	1/9/2012 1
4	Greenbelt	12/9/2011 11:1	Draft	12/9/2011
5	new merrillville	11/17/2011 6:2	Draft	11/17/2011
6	new merrillville	11/17/2011 5:4	Draft	11/17/2011
7	new merrillville	10/14/2011 4:5	Draft	10/14/2011
8	Merrillville	10/14/2011 4:4	Draft	10/14/2011
9	charge sheet	4/6/2011 3:00	Scanned	4/6/2011 1
10	verucca	3/16/2011 11:2	Draft	3/16/2011
11	Image	2/15/2011 4:2	Scanned	2/14/2011
12	Diabetic Shoe F	2/15/2011 4:2	Scanned	2/15/2011
13	Imane	2/15/2011 4:1	Scanned	2/15/2011

Age: 39 DOB: 1/1/1972 Sex: Male Ref: Giulio Scarzella

INS CAPS 12/1/2011

Fully Customized Templates with Point & Click and Voice Commands

TexTALK Speech Client - Greenbelt_01092012_1231_Tommy_shTom_1_40915116.rtf

File Edit View Insert Data Sections Documents Scan Speech Rx Clinician Help

Patients
☐ Account ☒ Name
 Tommy, shTom (1231)

☐ Aldara Cream
☐ amfit casting
☐ amfit casting diabetic
☐ amfit casting dress
☐ amfit casting dress device
☐ amfit dress
☐ amfit dress device
☒ at risk
☐ Carbon Dioxide Laser
☐ Casting
☐ Cryo Treatment
☐ Diabetic Orthotic Prescription
☐ Equinus Both
☐ Equinus Left
☐ Equinus Right
☐ exostectomy
☐ fascitis follow up

Fast Find
 Greenbelt

	FormName	DateCreated	Status	DOS
1	Greenbelt	1/19/2012 12:2	Draft	1/19/2012
2	at risk	1/9/2012 12:24	Draft	1/9/2012 12
3	Greenbelt	1/9/2012 12:16	Draft	1/9/2012 12
4	Greenbelt	12/9/2011 11:1	Draft	12/9/2011
5	new merrillville	11/17/2011 6:2	Draft	11/17/2011
6	new merrillville	11/17/2011 5:4	Draft	11/17/2011
7	new merrillville	10/14/2011 4:5	Draft	10/14/2011
8	Merrillville	10/14/2011 4:4	Draft	10/14/2011
9	charge sheet	4/6/2011 3:00	Scanned	4/6/2011 12
10	verucca	3/16/2011 11:2	Draft	3/16/2011
11	Image	2/15/2011 4:26	Scanned	2/14/2011
12	Diabetic Shoe F	2/15/2011 4:23	Scanned	2/15/2011
13	Image	2/15/2011 4:15	Scanned	2/15/2011

Times New Roman 14.2

Subjective: Patient presents to office for at-risk foot care. <START>

Objective: Examination reveals <<|thickened hypertrophic nails with subungual debris, brittleness, and discoloration present on the following toes; >>><|. Remainder of nails are elongated. >>><|all nails are elongated. >>><| Hyperkeratotic lesions are present>>. <<4>>

<<5>>**Class Findings:** <<6>>

<< NOTE: Use any combination of conditions (up to 5) for bookmark "6".
 i.e. "Apply 2/3 or "Apply 2/9/14"
 NOTE: Use any combination of conditions for bookmark "6"
 1..A1- Non- traumatic amputation of foot
 2..B1- Absent posterior tibial pulse, left
 3..B1- Absent posterior tibial pulse right
 4..B1- Absent posterior tibial pulse bilaterally
 5..B2a- loss of hair growth
 6..B2b- thickening/mycotic nails
 7..B2c- pigmentary changes
 8..B2d- skin texture changes (thin/shiny)
 9..B2e- skin color (rubor/redness)
 10..B3- Absent dorsal pedal pulse left
 11..B3- Absent dorsal pedal pulse right
 12..B3- Absent dorsal pedal pulse bilaterally
 13..C1- claudication
 14..C2- cool/cold feet
 15..C3- edema
 16..C4- paresthesia
 17..C5- burning>>

Assessment: <<|Onychomycosis
 >>><|Hypertrophic nails
 >>><|Hyperkeratotic lesions
 >>><|ASO
 >>><|NIDDM
 >>><|NIDDM/neuropathy
 >>><|IDDM
 >>><|IDDM/neuropathy>>

Bookmarks allow for Quick Dictation within any document or Macro

Red Items can be Clicked on to speed up charting, while still allowing Full Voice Commands at the same time

Age: 39 DOB: 1/1/1972 Sex: Male Ref: Giulio Scarzella INS CAPS 12/1/2011

E-Rx – Includes Full Rx History, Drug Warnings and Formulary Options

Rx Pad for [Tom Tommy, 1/1/1972, 40, Male, Allergies: [Has Allergies](#)]

Rx History From ALL Doctors
the patient has seen

•Prescriber: Mayfield, William ▾ Supervisor: ▾

Diagnosis:

Drug Warnings

Rx History Reported Rx

DUR Warnings

1 1 1

View

•Drug: Plavix 300 mg Tab ▾

Alt.

View Monograph

View Dosage

[PDR.net](#)

[Drugs.com](#)

•SIG: Take 1 Tablet Orally BID With food ▾

Show Rx Builder

Take 1 Tablet Orally BID With food

•Quantity: 30

Units of Measure: ▾

Wt: 185 lb ▾

•Days Supply: 15

•Refills: 0 ☐ DAW

Comments:

Known Allergies: Bee Pollens, Acticoat Dressing, Barium Sulfate, Plavix, Aluminum Sulfate.

Click to add patient
allergies to comments

Add Allergy

Max comment size is 210

Save as a Favorite
for each doctor

☒ Create Patient Visit
Record

•Issue To: Eckerd Drug 0326[18091 Upper Bay Road, HOUSTON] ▾

•Issue Via: Electronic ▾

☐ Do not save as preference

☒ Save as prescriber preference

☐ Save as facility preference

Customized Template before Dictation

PATIENT: {FirstName} {LastName}
ACCOUNT: {Account}
DATE: {Date} ~ Chevy Chase Office

Merge Fields are available to place into
any template and are filled in
automatically when you turn on your

SUBJECTIVE: <START>

MEDICAL HISTORY PAST AND PRESENT: <<2>>Patient denies any past or present medical history. H&P is signed and present in patients chart. <<3>> Patient states that they were corrective lenses.

SURGICAL HISTORY: <<4>>Patient denies ever having any surgical procedures.

MEDICATIONS: <<5>>Patient states that they take no prescribed medications.

ALLERGIES: <<6>>Patients states they have no known allergies.

SOCIAL HISTORY: <<7>>Patients states that they <<| deny drinking alcohol, | drink alcohol occasionally or on weekends, | drink alcohol regularly or daily>>. Patient <<| denies using | states that they do use>> illegal drugs. <<8>> Patient states that they do not smoke tobacco products.

<<9>> Patient states that they smoke <<| 1 | 2 | 1/2>> packs of cigarettes per day, and have done so for the last <<10>> years. <<11>>

OBJECTIVE: <<12>> Patient has <<| non-palpable | palpable>> DP pulses <<| bilateral | left | right>> and <<| non-palpable | palpable>> PT pulses <<| bilateral | left | right>>. The patient has <<| no edema | <<40>> pitting edema | brawny edema>> on palpation anterior medial lower extremity <<| bilateral | right | left>>. They have <<| absent | positive>> hair growth <<| to the knee | of the foot and ankle>> bilateral. The patient has <<| no varicosities | positive varicosities>> <<| bilateral | right | left>>. Patient has <<| no loss of | decreased | loss of>> pain sensation with testing with a 10g monofilament wire, <<| positive | decreased | negative>> deep tendon reflexes <<| bilateral | right | left>>.

ASSESSMENT: <<13>>

PLAN: <<14>>

Electronically Signed
Dr. John Footmen, D.P.M.

Allows for Default choices or
select other Red Elements

Next Slide See Completed Note after Dictation

Completed Note from Previous Slide

PATIENT: Mr. John Smith DATE: 01/17/2012 ~ Chevy Chase Office ACCOUNT: 100549

SUBJECTIVE: 49-year-old white male presents to office as a referral from his wife. His wife wanted him to be seen because of discoloration in his toenails. Patient also complains of some pain in his right foot if he golfs more than 5 or 6 holes at one time. If he tries to go 18 he said he will limp and had quite a bit of pain. Otherwise stated age he said that right foot doesn't bother him. He does like to golf for exercise. He denies any shortness of breath, heart palpitations, numbness and tingling of his feet.

MEDICAL HISTORY PAST AND PRESENT: Hearing loss.

SURGICAL HISTORY: Tendo Achilles rupture many years ago.

MEDICATIONS: Zyrtec. Omeprazole.

ALLERGIES: Patients states they have no known allergies.

SOCIAL HISTORY: Patients states that they deny drinking alcohol,. Patient denies using illegal drugs. Patient states that they do not smoke tobacco products.

OBJECTIVE: Patient has no loss of pain sensation with testing with a 10g monofilament wire, positive deep tendon reflexes bilateral. Patient has thick dystrophic nails with fungus involvement and yellow discoloration, 70% involvement second toe bilateral, fourth toe left. Positive subungual debris, lytic changes. Patient has pain on range of motion and less than 35° range of motion first MPJ right with some crepitus underneath the fibular sesamoid first MPJ right. He's got slightly greater than 35° range of motion dorsiflexion first MPJ left. Patient has adequate to excellent range of motion in the 1st mpj bilateral, until I put plantar pressure under the first metatarsal head, and then the joint is severely limited in dorsiflexion range of motion. His forefoot sits lower than the rear foot bilateral. Patient has a limitation of motion in their ankle joint dorsiflexion bilateral. There is less than 10 degrees of dorsiflexion range of motion, bilateral. On exam while sitting upright, the patient's left medial malleolus is shorter than the right. In standing, the patient's ASIS and PSIS on the left sit lower than the right. The PSIS on the left moves upward and forward when the patient flexes forward at the waist. When the patient walks, their left arm swings more than the right arm and they have a noticeable right shoulder dip. You can also see the patient fall to the short left side and laterally flex towards the long right side. We then added 1/8 inch of adhesive felt to the patients left heel, and the armswing, shoulder level, and ASIS and PSIS began to equal out. Flexure contracture toes 2-5 bilateral.

ASSESSMENT: Forefoot/ anterior equinus bilateral. Structural hallux limitus first MPJ right. Foot pain right. Onychomycosis with second nails bilateral, fourth toe left. Only difference, left short millimeters. Functional and structural hallux limitus bilateral. Hypermobility first ray bilateral.

PLAN: Patient says he has pain when he golfs. He is going to golf today and my suggestion is that we tape and accommodate him for his pain to see if that will help if it does then we can get him into some custom orthotics. He said that would be fine. The patient was given a prescription for Lamisil, 250 mg, one tablet per day times 90 days. I explained to the patient that the Lamisil medication can occasionally cause headaches, diarrhea, upset stomach, taste disturbances, and rash, itching or hives. I told the patient we will order baseline labwork consisting of a basic metabolic panel, and a CBC w/ diff. These will give us pre-Lamisil baseline labs for reference in case the medication causes any changes when repeated in 8 weeks. The patient states understanding to this and is willing to take the risks. The patient will follow up with me in 6-8 weeks. The patient is also instructed to call us if any side affects present themselves. I manipulated the patients proximal fibular head bilateral, quickly transposing it in a posterior to anterior direction. I also manipulated their ankle joint bilateral, by gently pulling the ankle joint inferiorly to the lower leg and holding it there for approximately 25 seconds, and then quickly dorsiflexing the ankle joint and pushing the talus posteriorly into the ankle joint mortise. The patient immediately had a 3-4 degree increase in their ankle joint range of motion bilateral. I asked the patient if they were allergic to tape or adhesive products prior to the taping procedure. I then placed the patient in a low dye taping on both feet. I also taped the heel lift dictated above, onto the left foot 6 mm, 3 mm heel left right. I utilized a 6mm metatarsal pad sub metatarsals 2-4 bilateral. 3 mm digital pad bilateral. The patient will wear the tape for the next 3-4 days, and try to keep it as dry as possible. I explained to the patient that this will mimic an orthotic device. If they do well with the taping, it is usually an excellent indication that a custom orthotic will work for them.

Electronically Signed
John Footmen, D.P.M.

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